Public Health Agency of Canada

2009-2010

Report on Plans and Priorities

Table of Contents

MINISTER'S MESSAGE 3

MESSAGE FROM THE CHIEF PUBLIC HEALTH OFFICER 4

SECTION I – OVERVIEW 5

1.1 **Summary Information** 5
- Raison d'Être 5
- Responsibilities 5
- Program Activity Architecture 5

1.2 **Planning Summary** 7
- Financial Resources 7
- Human Resources 7
- Contribution of Priorities to the Strategic Outcome 8
- Risk Analysis 8
- Expenditure Profile 10

SECTION II – ANALYSIS OF PROGRAM ACTIVITIES 12

2.1 **Strategic Outcome** 12
- 2.1.1 Program Activity – Health Promotion 12
- 2.1.2 Program Activity – Chronic Disease Prevention and Control 14
- 2.1.3 Program Activity – Infectious Disease Prevention and Control 15
- 2.1.4 Program Activity – Emergency Preparedness and Response 17
- 2.1.5 Program Activity – Strengthen Public Health Capacity 19
- 2.1.6 Program Activity – Internal Services 21

SECTION III – SUPPLEMENTARY INFORMATION 22

3.1 **Financial Highlights** 22

3.2 **List of Tables** 23

Minister's Message

I am pleased to present the 2009-2010 Report on Plans and Priorities for the Public Health Agency of Canada. The Agency plays a vital role in the promotion and protection of the health of Canadians.

By working to prevent illness and injury, the Agency enhances the Government of Canada's ability to keep Canadians and their families healthy. With a focus on prevention, the Agency partners across sectors and jurisdictions to promote good health practices and to help eliminate barriers to healthy behaviours. One way it does this is by delivering new and ongoing public health information programs. These include activities such as the healthy pregnancy initiative, partnering on the World Health Organization's groundbreaking Age-Friendly Cities Guide, and updating Canada's Physical Activity Guides with versions for children, youth, adults and seniors.

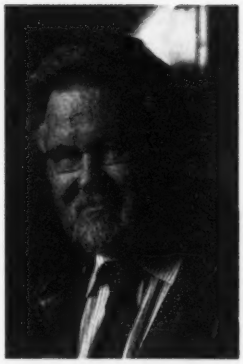
Governments, community groups, all sectors of society, and individuals all have a role to play in helping Canadians achieve and maintain good health. The Agency will continue to work across Canada to support projects to promote physical activity and healthy eating as well partnering with other major health stakeholders.

The Agency is also working to protect the health of Canadians by strengthening Canada's emergency preparedness, including planning for pandemic influenza. While we cannot always predict the timing of emergencies and pandemics, we can be as prepared as possible. Through the Agency's work, and supported by its surveillance systems, nationwide quarantine service and effective emergency response protocols, we are in a better position than ever to protect Canadians and respond to outbreaks of infectious disease and foodborne illness, as well as other emergencies that impact human health.

The Agency has close to 2500 dedicated professionals delivering its programs across the country. I have every confidence in their ability to focus on the priorities outlined in this report.
The Agency will be reporting on the progress against this plan in the Agency's 2009-2010 Departmental Performance Report.

The Honourable Leona Aglukkaq
Minister of Health
Government of Canada

Message from the Chief Public Health Officer



Created in 2004, the Public Health Agency of Canada has made real progress in strengthening public health in Canada.

This is in large part due to how we have brought a collection of programs, activities and expectations together into an effective and unified federal entity charged with protecting and promoting public health.

Today, there is a clear recognition of the importance of public health activities to the overall well-being of a country, and of the valuable role played by the Public Health Agency in improving and protecting the health of Canadians.

While emergency preparedness and response is a key responsibility, the Agency addresses the totality of the population's health. We protect against and respond to outbreaks and emergencies, but we also strive to prevent the basic things that kill and disable Canadians every day. We work with our many partners to reduce inequalities in health between groups of people, and to foster those conditions that give all Canadians, of all ages, backgrounds and socio-economic status, the opportunity to be healthy.

In the coming year, the Agency will continue to face its challenges and embrace opportunities to strengthen Canada's preparedness for emergencies and disasters, and to deliver on strategies and programs for the prevention of infectious disease, the promotion of health, and the prevention and control of chronic disease and injury. The Agency will undertake all of these activities while we deliver on the whole of our mandate in a strategic, coordinated and accountable fashion.

Dr. David Butler-Jones, M.D.
Chief Public Health Officer

Section I – Overview

1.1 Summary Information

Raison d'être

Public health involves the organized efforts of society to keep people healthy and to prevent injury, illness and premature death. It is a combination of programs, services and policies that protect and promote the health of all Canadians. In Canada, public health is a responsibility that is shared by the three levels of government, the private sector, non-government organizations, health professionals and the public.

In September 2004, the Public Health Agency of Canada (Agency) was created within the federal Health Portfolio to deliver on the Government of Canada's commitment to help protect the health and safety of all Canadians and to increase its focus on public health, and to contribute to improving health and strengthening the health care system. Its activities focus on preventing and controlling chronic and infectious diseases, preventing injuries and preparing for and responding to public health emergencies.

Responsibilities

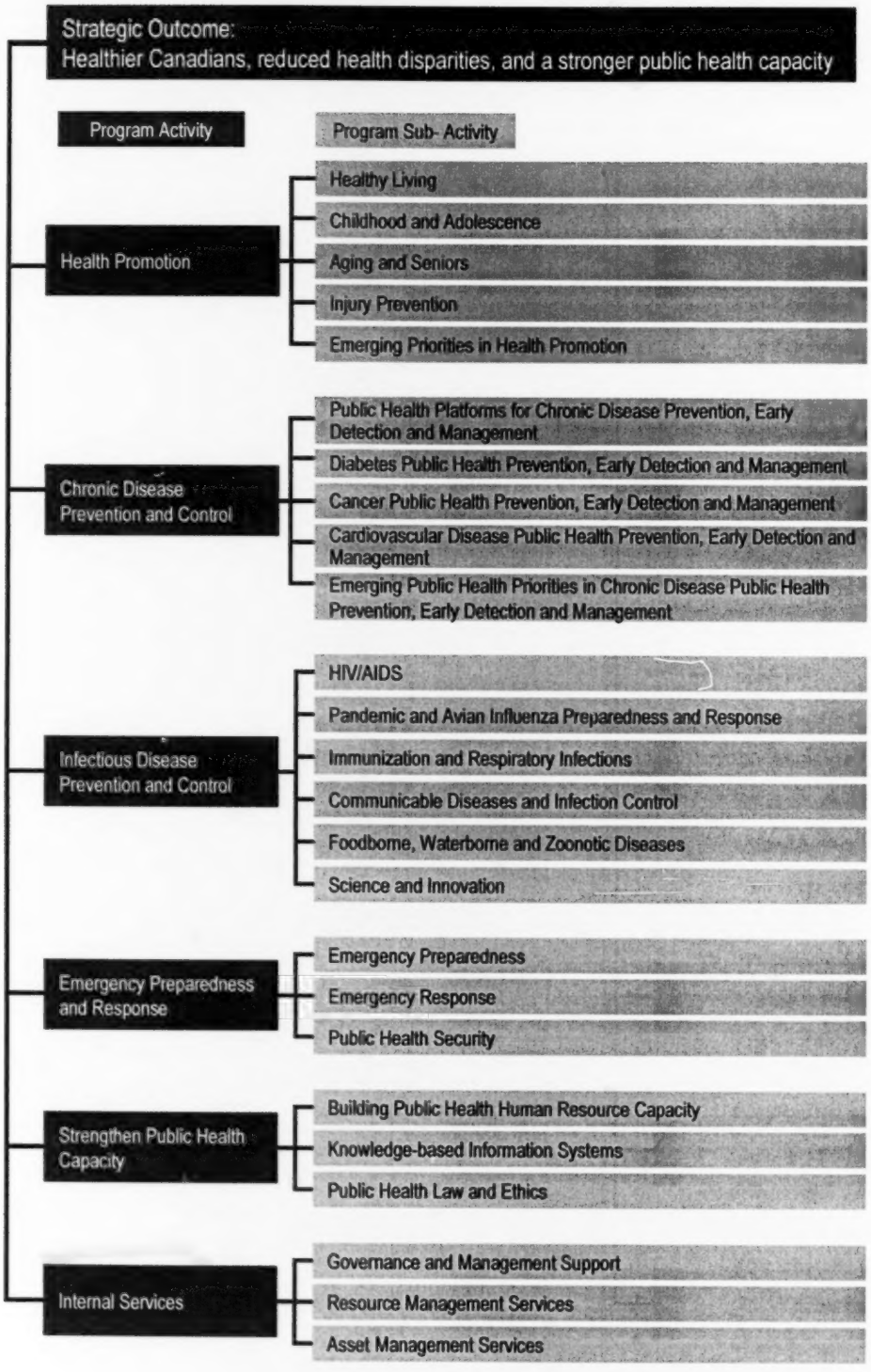
The Agency has the responsibility to:

- contribute to the prevention of disease and injury, and the promotion of health;
- provide federal leadership and accountability in managing public health emergencies;
- serve as a central point for sharing Canada's expertise with the rest of the world and applying international research and development to Canada's public health programs; and
- strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning.

In December 2006, the *Public Health Agency of Canada Act* came into force, giving the Agency the statutory basis to continue fulfilling these roles.

Program Activity Architecture

In order to effectively pursue its mandate, the Agency aims to achieve a single strategic outcome supported by its Program Activity Architecture depicted in the following figure.


Strategic Outcome:
Healthier Canadians, reduced health disparities, and a stronger public health capacity
Program Activity
Program Sub- Activity
Health Promotion
Healthy Living
Childhood and Adolescence
Aging and Seniors
Injury Prevention
Emerging Priorities in Health Promotion
Chronic Disease Prevention and Control
Public Health Platforms for Chronic Disease Prevention, Early Detection and Management
Diabetes Public Health Prevention, Early Detection and Management
Cancer Public Health Prevention, Early Detection and Management
Cardiovascular Disease Public Health Prevention, Early Detection and Management
Emerging Public Health Priorities in Chronic Disease Public Health Prevention, Early Detection and Management
Infectious Disease Prevention and Control
HIV/AIDS
Pandemic and Avian Influenza Preparedness and Response
Immunization and Respiratory Infections
Communicable Diseases and Infection Control
Foodborne, Waterborne and Zoonotic Diseases
Science and Innovation
Emergency Preparedness and Response
Emergency Preparedness
Emergency Response
Public Health Security
Strengthen Public Health Capacity
Building Public Health Human Resource Capacity
Knowledge-based Information Systems
Public Health Law and Ethics
Internal Services
Governance and Management Support
Resource Management Services
Asset Management Services

1.2 Planning Summary

Financial Resources

Financial Resources ($ millions)		
2009-10	2010-11	2011-12
$ 653.5	$ 605.5	$ 586.1

Human Resources

Human Resources (Full-Time Equivalents*)		
2009-10	2010-11	2011-12
2,434.9	2,446.5	2,445.1

* Full-Time Equivalents are calculated based on days worked, in order to properly include persons employed for part of the year and/or employed part-time.

Strategic Outcome: Healthier Canadians, reduced health disparities, and a stronger public health capacity

Performance Indicators and Targets

The Agency is currently redeveloping its Management, Resources and Results Structure including Strategic Outcom, performance indicators and targets.

Program Activity	Expected Results	Forecast Spending 2008-09	Planned Spending			Alignment to Government of Canada Outcomes
			2009-10	2010-11	2011-12	
Health Promotion	Increased awareness and knowledge of health and well being, the factors that influence these, and how they can play a role in improving and maintaining their health and that of their families and communities.	198.2	194.5	191.3	191.5	Healthy Canadians
Chronic Disease Prevention and Control	Access to science-based, authoritative and timely information and tools to support informed decision-making on preventing chronic diseases and decreasing health risks.	61.1	60.3	60.4	60.4	Healthy Canadians
Infectious Disease Prevention and Control	Reduced incidence of infectious diseases of public health importance in Canada and improved response to infectious disease outbreaks in Canada both in the health care and community settings.	183.9	261.3	214.9	193.3	Healthy Canadians
Emergency Preparedness and Response	Canada is prepared to respond to public health risks caused by natural and human caused emergencies and recover from the aftermath of these emergencies.	45.3	32.3	31.2	32.0	Safe and Secure Communities
Strengthen Public Health Capacity	Canada has the public health workforce, information, laws and ethical frameworks needed to meet Canada's public health needs.	32.9	31.1	31.2	33.0	Healthy Canadians
Internal Services		82.0	74.0	76.5	75.9	n/a
Total Planned Spending		**603.4**	**653.5**	**605.5**	**586.1**	

Contribution of Priorities to the Strategic Outcome

Priorities (Type)	Description
Enhance Surveillance (New)	Surveillance integrates information on the health of the population and supports knowledge functions to guide effective responses to emerging issues and public health challenges. As one of the core functions of public health, surveillance also provides the building blocks to support the other major functions of the Agency: population health assessment, disease and injury prevention, health promotion, health protection, and emergency preparedness and response. A multi-disciplinary working group reviewed surveillance activities within the Agency and identified a strategy that will guide the organization from a wide variety of processes, people and technologies into a coherent approach.
Disease prevention and control (Ongoing)	The federal government, in conjunction with provincial, territorial and local governments, plays a key role in reducing the threat of infectious diseases. With two in five Canadians suffering from chronic diseases, and four in five at risk, the Agency also plays a key role in preventing the major chronic diseases facing Canadians, including diabetes, heart, lung and neurological diseases. The Agency mobilizes stakeholders at all levels to support the development of guidelines, standards, policies, programmes and public health interventions for health promotion and disease prevention in Canada and internationally.
Review of the federal approach to immunization, with a view of strengthening the National Immunization Strategy (New)	Immunization programs have had a major impact on the health of the population, as many diseases are prevented through immunization. These programs resulted in substantial savings to the health system and improvements in length and quality of life. In Canada, immunization is a shared responsibility between federal, provincial and territorial governments. The National Immunization Strategy outlined a coherent, collaborative, progressive strategy to meet the immunization needs of all Canadians. The Agency is undertaking a review of the federal approach to immunization, in collaboration with provinces and territories, in order to continue to strengthen immunization in Canada.
Emergency preparedness for disease outbreaks including pandemic influenza (Ongoing)	The impact of an uncontrolled outbreak of any infectious disease would be serious. Domestically and globally, there are significant concerns related to pandemic influenza and emerging infections. Domestic and international health factors require a comprehensive and highly collaborative approach to disaster preparedness. The Agency takes a proactive "all hazards" approach to emergency management, working with emergency preparedness and response partners and stakeholders across Canada to prepare for and respond to natural and human-caused health emergencies at anytime, anywhere across the country. Emergency preparedness includes the development of emergency operations plans, processes, ongoing training and exercises, planning tools and technologies that support improved interoperability and response capabilities during emergencies.
Transformation of Grants and Contributions (New)	Grants and Contributions (G&Cs) are an important instruments used in the delivery of the Agency's programs. Work is underway to improve the way G&C are used to cause transformational change in public health.

Risk Analysis

Global Economy

Economic uncertainty has and will continue to be a major risk factor for governments world-wide and the unanimous focus for all governments will be action to restore confidence in the markets and revive the economy. The economic downturn poses a number of health-related risks including the creation of newly-vulnerable groups as unemployment rates rise and economic growth slows The Agency will consider the impact of the economic downturn on the health and well-being of Canadians in its activities to mitigate the risk.

Population
Demographic shifts are changing Canada's population make-up. Canada's population growth is disproportionately in groups currently identified as more vulnerable to health risks, including Aboriginal people. Other shifts, such as aging and urbanization, also change public health needs. The Agency will consider these changing demographics in its public health activities and interventions, including its efforts to reduce health disparities.

Innovative approaches to understanding, assessing and addressing non-medical determinants of health are being developed in collaboration with domestic and international partners. These approaches will inform more effective interventions to reduce health disparities borne by Canada's vulnerable populations including First Nations, Inuit and Metis people, children, seniors, and people living in rural and remote areas.

Climate Change
Climatic variations are projected to have adverse impacts on public health and safety. Although many health effects of climate change have been identified, the disease burden for only a limited number of climate-sensitive diseases has been quantified. The knowledge gained by identifying and quantifying the ways in which climate change can affect health may be used to improve the design and effectiveness of preventive measures.

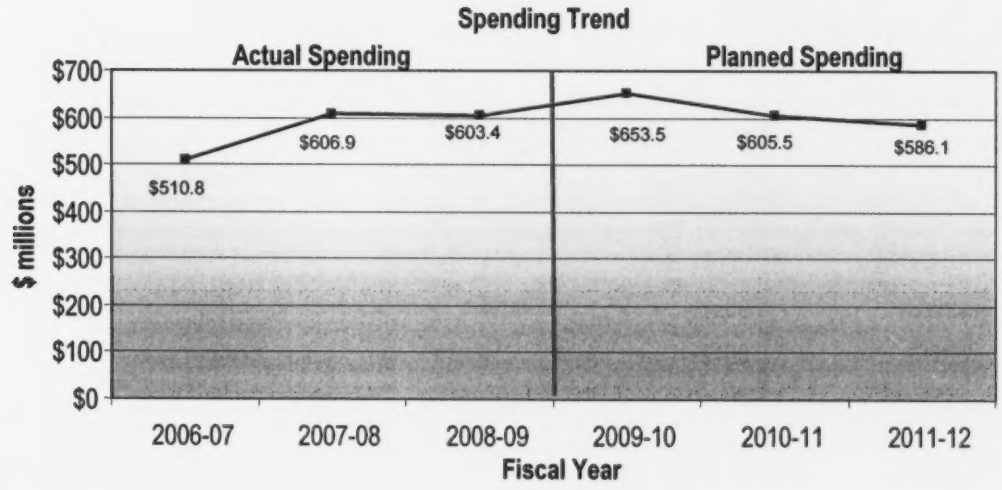
Science and Technology
The rate of scientific discovery and technological innovation has increased dramatically in the past decade. By providing new approaches for improving health and preventing disease, these innovations can mitigate pressures on the health system. For example, advances in public health genomics – an emerging field that assesses the impact of the interaction between genes and the environment on population health – lead to discoveries that can be applied to prevent disease and improve the health of Canadians. This context offers both risks and opportunities for the Agency, as government science is challenged to keep up with, and lead scientific advances and translate them into health applications and associated policy.

Partners and Stakeholders
The Agency depends greatly on a broad range of partners and stakeholders to achieve positive long-term results for Canadians. The Agency takes a complementary and collaborative approach to improve the likelihood of successful outcomes. For example, it engages stakeholders through national-level bodies to develop and achieve consensus on standards, develop surveillance systems, and identify best practices; and it facilitates coordinated action to address national priorities and focus scarce public health resources. The Agency's Regional Offices play an important role in connecting and working with partners and stakeholders on a variety of files. It is essential that the Agency's activities and those of its partners and stakeholders align to achieve results and outcomes of program delivery.

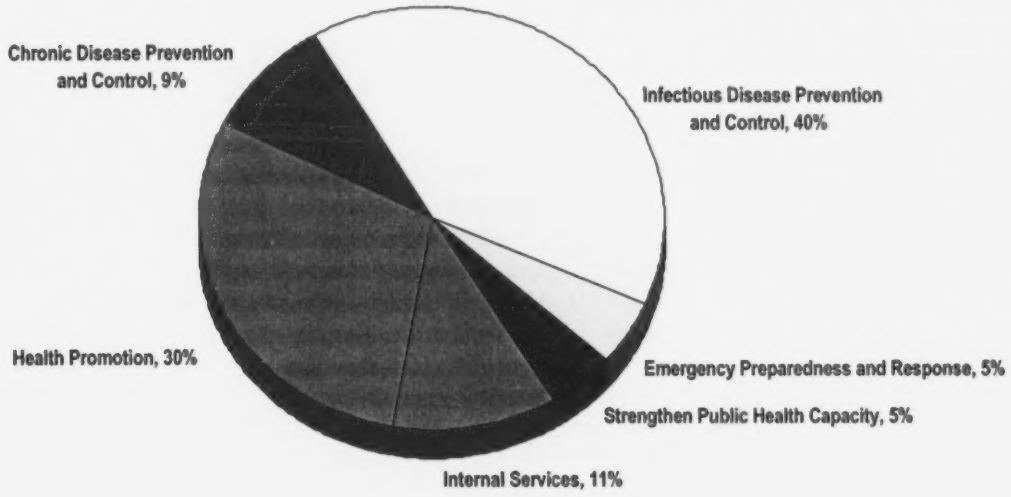
Expenditure Profile

The Agency's forecast spending for 2008-09 is $603.4 million, as shown in the chart below, Spending Trend. The decrease in planned spending from 2009-2010 to 2010-2011 is mainly due to the requirement to pay $49.7 million in 2009-10 to the provinces under the Hepatitis C Health Care Services Program. This program has been providing funding to the provinces every five years as compensation for the care of individuals infected with Hepatitis C. The final payments will occur in 2014-15. In addition, spending associated with the Aboriginal Head Start in Urban and Northern Communities program has been reduced in 2010-2011 to account for the sunsetting of incremental funding provided to the program in Budget 2005 ($4.9M). Offsetting these decreases, the Agency will receive funding for two items announced in Budget 2008, Environmental Contaminants and Consumer and Food Products ($2.3M) and incremental funding ($2.2M) for the implementation of the legislation on Human Pathogens. Other small technical adjustments account for the difference ($2.1M).

The decrease of $19.4 million from 2010-2011 to 2011-2012 is mainly due to a reduction resulting from the phased funding approach for the Canadian HIV Vaccine Initiative ($8.2M) and a reduction for the planned sunsetting of the Clean Air Agenda ($2.5M) and anticipated incremental funding for Human Pathogens legislation ($1.0M). Other small technical adjustments account for the difference ($9.7M).



2009-10 Allocation of Financial Resources by Program Activity


Chronic Disease Prevention and Control, 9%
Infectious Disease Prevention and Control, 40%
Health Promotion, 30%
Emergency Preparedness and Response, 5%
Strengthen Public Health Capacity, 5%
Internal Services, 11%

Vote or Statutory Item*	Truncated Vote or Statutory Wording	2009-10 Main Estimates ($ millions)	2008-09 Main Estimates ($ millions)
40	Operating expenditures	352.7	360.5
45	Capital expenditures	9.6	0.0
50	Grants and Contributions	255.4	199.6
(S)	Contributions to employee benefit plans	30.3	30.4
	Total – Agency	648.0	590.5

*Vote numbers pending Treasury Board Secretariat approval.

The decrease of $7.8 million in Vote 40 between the 2008-2009 and the 2009-2010 Main Estimates is mainly attributable to a realignment of capital expenditures under a separate vote, and reduced funding for Preparedness for Avian and Pandemic Influenza. These decreases are offset by increased funding for Health, Consumers and Food Products and the 2010 Vancouver Winter Olympics.

The increase of $9.6 million in Vote 45 between the 2008-2009 and the 2009-2010 Main Estimates is attributable to the establishment of a new vote for capital expenditures related to the refit of the Ward (Logan) Laboratory Project in Winnipeg and other equipment purchases for the Agency.

The increase of $55.8 million in Vote 50 includes $49.7 million to be paid to the provinces under the Hepatitis C Health Care Services Program.

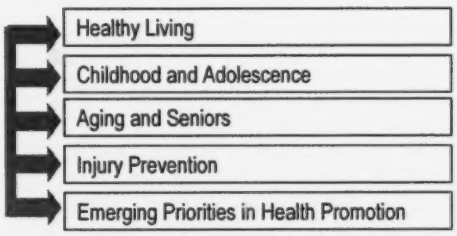
Section II – Analysis of Program Activities

2.1 Strategic Outcome

The Agency has one Strategic Outcome: Healthier Canadians, reduced health disparities, and a stronger public health capacity. The following section describes the six program activities through which the Agency works to achieve the Strategic Outcome, and, for each, identifies the expected results, performance indicators and targets. This section also explains how the Agency plans on achieving the expected results and presents the financial and human resources that will be dedicated to each program activity.

2.1.1 Program Activity – Health Promotion

Program Activity Summary: In collaboration with partners, the Agency supports effective actions to promote health, build healthy communities and address the key determinants of health, by contributing to knowledge development, fostering collaboration, and improving information exchange among sectors and across jurisdictions.



Program Activity Expected Results

- Canadians have increased awareness and knowledge of health and well being, the factors that influence these, and how they can play a role in improving and maintaining their health and that of their families and communities.
- Canada has expert knowledge of the conditions that lead to inequalities in health among Canadians and has the infrastructure (e.g., policies, practices) to reduce them.

Performance Indicator(s)	Target(s)
Knowledge, practice and policy documents produced and distributed to improve the health and well being of vulnerable groups (e.g., seniors, children, aboriginal peoples) and/or support and inform healthy public policy and practice	Establish baseline by March 31, 2010
External cross-government and cross-sectoral collaborations to address health and public health, common determinants of health and/or social well-being	Establish baseline by March 31, 2011
Canadians participating in health promotion programs, activities and initiatives	Establish baseline by March 31, 2011

Financial Resources ($ millions)		
2009-10	2010-11	2011-12
194.5	191.3	191.5

Human Resources (Full-time Equivalents)		
2009-10	2010-11	2011-12
567.0	561.3	562.5

The main change from 2009-2010 and 2010-2011 is the reduction in spending associated with the Aboriginal Head Start Urban and Northern Communities program to account for the sunsetting of incremental funding provided to the program in Budget 2005 ($4.9M).

Planning Highlights – in order to achieve the expected results, the Agency plans to undertake the following activities:

- Support the development of targeted, evidence-based health promotion strategies and interventions with a special focus on:
    - seniors who are vulnerable to health risks and disparities (e.g., the frail, older women, ethno cultural minority seniors, those living in rural and remote areas, cognitively impaired),
    - healthy living,
    - injury prevention, and
    - reduction of family violence;
- Continue to support targeted and evidence-based health promotion strategies and interventions for vulnerable children and families, including Aboriginal Canadians by promoting research into children's health, community-based programs and support mechanisms for Aboriginal Children, as well as disease prevention and the promotion of children's rights and well-being in Canada and internationally;
- Develop and implement enhanced national child health surveillance for congenital anomalies, developmental disabilities and disorders and product-related injuries according to the undertakings of the 2008 Health and Environment Initiative and Consumer Safety Action Plan;
- Focusing on the underlying contributing factors, continue leading the development of a portfolio plan of action to counteract overweight and obesity in Canada. It is intended to foster health, social, physical and economic environments that support the attainment of good health and well being and ultimately reduce the incidence of chronic disease and health care pressures in Canada;
- Develop a framework to better understand the factors that lead to health inequalities and what can be done to support Canadians with poorer health status; and
- Support engagement and collaboration with other federal departments, provinces and territories, other levels of government, non-government organizations, professional groups, and the private sector to better align investments and ensure coordinated action on reducing health disparities and improving the overall health of Canadians.

Benefits for Canadians

Health promotion is the process of enabling people to increase control over and improve their health. This process is based on understanding the important influences that determinants of health (such as gender, income, and literacy) have on an individual. Health promotion activities move beyond health education and changes in personal behaviours to address social change, institutional change and community change. So, for example, the Agency's Health Promotion work will positively affect the health of children and adolescents through community-based mechanisms supporting vulnerable Canadian families and children, collaboration with domestic and international partners on disseminating relevant health promotion knowledge and research, and the sharing of best- and promising-practices to improve the health of Canadians and address health disparities in Canadian children and their families.

By enabling Canadians to improve their health, and Canadian governments and institutions to better address the factors that influence and determine health and health disparities, the work done in the Health Promotion program activity will support progress toward the Agency Strategic Outcome of "Healthier Canadians, reduced health disparities and a stronger public health capacity".

2.1.2 Program Activity – Chronic Disease Prevention and Control

Program Activity Summary: Working in cooperation with regional, provincial/territorial, national and international governments and stakeholders (including non-governmental organizations), the program provides national population health assessment and surveillance in relation to chronic diseases. It also provides and supports leadership and expertise in the development and implementation of pan-Canadian chronic disease prevention, control and management strategies. This program is necessary because chronic diseases are among the most common, preventable and costly health problems facing Canadians.

Public Health Platforms for Chronic Disease Prevention, Early Detection and Management
Diabetes Public Health Prevention, Early Detection and Management
Cancer Public Health Prevention, Early Detection and Management
Cardiovascular Disease (CVD) Public Health Prevention, Early Detection and Management
Emerging Public Health priorities in Chronic Disease Public Health Prevention, Early Detection and Management

Program Activity Expected Result
Canadians have access to science-based, authoritative and timely information and tools to support informed decision-making on preventing chronic diseases and decreasing health risks.

Performance Indicator(s)	Targets
Diseases tracked and reported	Establish baseline by March 31, 2010
Chronic diseases for which risk factors are established	Establish baseline by March 31, 2010
Interventions listed on Canadian Best Practices Portal	300 listed by March 31, 2010

Financial Resources ($ millions)		
2009-10	2010-11	2011-12
60.3	60.4	60.4

Human Resources (Full-time Equivalents)		
2009-10	2010-11	2011-12
237.4	237.2	237.2

Planning Highlights – The Agency works with stakeholders at all levels to provide pan-Canadian and international leadership in chronic disease prevention and control through integrated policy and program development, surveillance, and knowledge development and dissemination. Key steps planned for 2009-10 include:

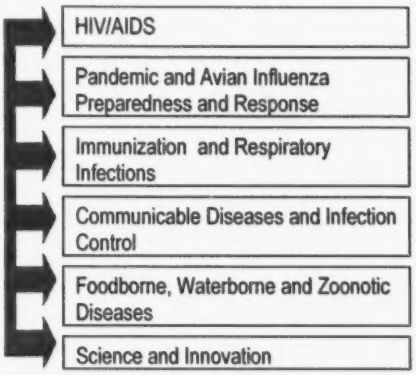
- To avoid duplication and ensure high standards and comparable data across the country, lay the foundation for a comprehensive national chronic disease surveillance system that supports the development of tools and methods/models for the prevention of the major chronic diseases facing Canadians (e.g., cardiovascular disease, cancer and respiratory illnesses);
- Make surveillance system information including *Canadian Cancer Statistics, Report on Chronic Diseases in Canada, Hypertension Highlights,* and *Diabetes in Canada* readily accessible and useful for increased knowledge about chronic disease and their risk factors in Canada;
- Foster innovation in developing and assessing models for chronic disease prevention at national, provincial, territorial and community levels;
- Contribute to the improvement of health in Canada through a coordinated approach to the prevention of major chronic diseases (i.e., diabetes, cancer, cardiovascular and respiratory); and
- Advance chronic disease prevention internationally through multilateral (i.e., World Health Organization and Pan American Health Organization) and bilateral fora.

Benefits for Canadians

Through its Chronic Disease prevention and control work the Agency will provide public health practitioners with data, analysis, web tools and technical advice that support policies, programs and public health interventions for chronic disease prevention. Public health decision/policy-makers and practitioners will be better informed about what works in the area of chronic disease prevention policies and programs to reduce the burden of chronic disease in Canada.

2.1.3 Program Activity – Infectious Disease Prevention and Control

Program Activity Summary: The program promotes improved health for Canadians in the area of infectious diseases through public health actions including surveillance and epidemiology, risk management, public health policy development, and prevention, care and awareness programs. This program is necessary as infectious diseases require national attention and national efforts given their current and potential impact on the health of Canadians and the Canadian health care system, and also because new, existing, or re-emerging infectious diseases can pose a serious threat to the health and socio-economic wellbeing of Canadians.


HIV/AIDS
Pandemic and Avian Influenza Preparedness and Response
Immunization and Respiratory Infections
Communicable Diseases and Infection Control
Foodborne, Waterborne and Zoonotic Diseases
Science and Innovation

Program Activity Expected Result

- Reduced incidence of infectious diseases of public health importance in Canada.
- Improved response to infectious disease outbreaks in Canada both in the health care and community settings.

Performance Indicator(s)	Target(s)
Incidence of tuberculosis, viral hepatitis, sexually transmitted infections, West Nile Virus, and HIV among Canadians	Establish baseline by March 31, 2011
Agreements with provinces and territories on information management during outbreaks where there is a federal role	40% of provinces and territories have agreements for improved information sharing by March 31, 2011

Financial Resources ($ millions)		
2009-10	2010-11	2011-12
261.3	214.9	193.2

Human Resources (Full-time Equivalents)		
2009-10	2010-11	2011-12
831.9	830.7	822.9

The decrease from 2009-10 to 2010-11 is mainly due to the requirement to pay $49.7 million in 2009-2010 to the provinces under the Hepatitis C Health Care Services Program. This program has been providing funding to the provinces every five years as compensation for the care of individuals infected with Hepatitis C. The final payments will occur in 2014-2015.

The decrease from 2010-11 to 2011-12 is mainly due to a reduction resulting from the phased funding approach for the Canadian HIV Vaccine Initiative ($8.2M)

Planning Highlights – in order to achieve the expected results, the Agency plans to undertake prevention, care and awareness, surveillance, outbreak preparedness and response and science and innovation activities during 2009-10. Key planned steps include:

Prevention, Care and Awareness

- Examination of the National Immunization Strategy with a view of strengthening it; options for a Pan-Canadian approach to vaccine evaluation and research; and a report on the current state of vaccine supply and supply security in Canada and globally;
- Continue to lead federal programs to address HIV, sexually transmitted and blood borne infections (including viral hepatitis) and tuberculosis. The focus of this work is on effective prevention initiatives, education and awareness activities, diagnosis, care, equitable access to treatments, and support of those persons in Canada infected with, affected by or vulnerable to infectious diseases;
- Continue to contribute toward global efforts to accelerate the development of safe, effective, affordable and globally accessible vaccines. Focus includes continued collaboration between the Government of Canada and the Bill & Melinda Gates Foundation on the Canadian HIV Vaccine Initiative; programmatic investment; ongoing collaboration with the Canadian Institutes for Health Research in the research; and development of a hepatitis C vaccine; and
- Expand the implementation of counselling and other social support services and health promotion activities that are key to reducing high-risk behaviours within Canada's most vulnerable populations and marginalized communities.

Surveillance

- Strengthen the Agency's infectious diseases surveillance systems, particularly those focused on blood, tissues and organs;
- Enhance surveillance of vaccine preventable diseases, vaccine safety, respiratory infectious diseases and emerging respiratory infectious diseases; and
- Augment HIV and risk behaviour surveillance and report on current surveillance data, research, current responses, emerging issues and gaps for at risk populations.

Outbreak Preparedness and Response

- Strengthen national pandemic preparedness and response capacity by:
    - continuously reviewing the pandemic antiviral drug management and supply strategy;
    - completing the pandemic antiviral drug management and supply strategy;
    - strengthening early detection of novel influenza viruses and monitoring of severe morbidity/mortality during a pandemic; and
    - enhancing the federal, provincial and territorial pandemic governance model
- Improve capacity for modelling, statistical analysis and operations research to better understand the spread and effect of epidemics or pandemics on Canadians; and
- Advance the Agency's pandemic influenza risk communications strategy.

Science and Innovation

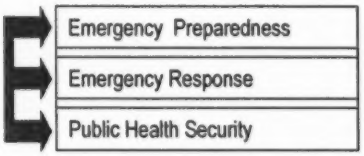
- Continue surveillance, research, risk assessment, interventions, policy advice and programs on pathogens arising from animals and the environment;
- Develop innovative approaches to prevent infectious and chronic diseases based on the analysis of human genetic risk;
- Develop cutting-edge methods to identify and evaluate the public health risk of emerging pathogens; and
- Work to establish a more holistic approach to preventing disease and for maintaining ecosystem integrity for the benefit of humans and animals.

Benefits for Canadians

As a result of the Agency's work in this Program Activity, Canadians will contribute to reducing the risk of acquiring infectious diseases in Canada, and a reduced burden of infectious disease. In the event of an infectious disease outbreak, the Agency's surveillance and preparedness activities will enhance Canada's ability to respond rapidly and effectively, and so to reduce the impacts of the outbreaks.

2.1.4 Program Activity – Emergency Preparedness and Response

Program Activity Summary: The Agency is a national focal point for anticipating, preparing for, responding to and facilitating recovery from public health consequences of natural disasters or human caused emergencies. The program applies the legislative and regulatory provisions of the *Quarantine Act* and aligns with the *Emergency Management Act*.



Partnering with Health Canada, other federal departments, the provinces and territories, international organizations and the voluntary sector, the Agency provides leadership in addressing emerging threats through surveillance, risk analysis, and risk management; and implements preparedness priorities.

The program manages and supports the development of health-related emergency response plans, including support for the Canadian Pandemic Influenza Plan. It develops and sponsors emergency preparedness training, and coordinates counter-terrorism preparations for incidents involving hazardous substances. It provides surge capacity support to provinces and territories on emergency health and social services, including management of the National Emergency Stockpile System. It also manages an Emergency Operations Centre that enables central direction, control and coordination during emergencies through its video/telecommunications, data sharing and event management capability.

Program Activity Expected Result Canada is prepared to respond to public health risks caused by natural and human-caused emergencies including infectious disease outbreaks, hurricanes, floods, earthquakes, Chemical, Biological, Radiological, and Nuclear (CBRN) emergencies and to recover from the aftermath of these emergencies.	
Performance Indicator(s)	**Target(s)**
Extent of Canada's preparedness and response gaps highlighted during an incident or exercise	Establish baseline by March 31, 2011
Percentage of implementation of the International Health Regulations in Canada	Meet compliance obligation 100% by 2012

Financial Resources ($ millions)		
2009-10	2010-11	2011-12
32.3	31.2	32.0

Human Resources (Full-time Equivalents)		
2009-10	2010-11	2011-12
200.2	219.0	224.2

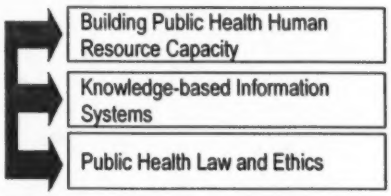
Planning Highlights: In order to achieve the expected result, the Agency plans to undertake the following:

- Expand the operation of the Health Portfolio Operations Centre to 24/7. The Centre gathers daily public health information, monitors for and assesses risks and provides situational reports to the Agency. It will integrate and manage the Agency's and Health Canada's response to public health events of national or international concern and serve as a communication access point for stakeholders and triage centre for the Agency;
- Further develop Health Portfolio and national emergency preparedness and response plans using an all hazards approach;
- Exercise emergency response plans including the Pandemic Influenza Plan;
- Develop a plan for and coordinate the implementation of the International Health Regulations (IHRs) to achieve compliance by 2012. As well, support the World Health Organization in the development of its IHR training program that will build member states ability to meet the core capacity requirements of the IHRs;
- Implement the Pan-Canadian Health Incident Management System, a system intended to facilitate planning and communication across jurisdictions during emergencies;
- Support federal/provincial/territorial Health Emergency Response Networks, including emergency social services and psychosocial preparedness;
- Develop and deliver training for health and social service professionals. Train Agency and provincial/territorial first responders on public health emergency response including Chemical, Biological and Radio Nuclear Emergency. Conduct emergency exercises as part of training and readiness;
- Develop an implementation plan for Health Emergency Response Teams;
- Renew the stockpile of critical medical supplies (e.g., vaccines) in the National Emergency Stockpile System;
- Contribute to the security of special national and international events, including the 2010 Vancouver Winter Olympics, by developing a laboratory response plan for the National Microbiology Laboratory to address potential bioterrorism/bio-warfare events and equipping its mobile laboratories with essential equipment for operations;
- Finalize the Quarantine Service Framework for Cooperation agreement with provinces, territories and local health authorities;
- Develop a policy framework and implementation plan for biosafety of human pathogens and toxins including new legislation about the domestic acquisition of pathogens; and
- Continue active participation in the Global Health Security Action Group to provide an international response capacity for emerging disease outbreaks.

Benefits for Canadians

These activities will contribute to strengthening Canada's emergency preparedness and response capacity, reducing the potential harm and increasing recovery speed.

2.1.5 Program Activity – Strengthen Public Health Capacity



Program Activity Summary: Working with national and international partners, the Agency develops and provides tools, applications, practices, programs and understandings that support and develop the capabilities of front-line public health practitioners across Canada. The Agency facilitates and sustains networks with provinces, territories, and other partners and stakeholders to achieve public health objectives. The Agency's work improves public health practice, increases cross-jurisdictional human resources capacity, contributes to effective knowledge and information systems, and supports a public health law and policy system that evolves in response to changes in public needs and expectations.

Program Activity Expected Result Canada has the public health workforce, information, laws and ethical frameworks needed to meet Canada's public health needs.	
Performance Indicator(s)	**Target(s)**
Public health capacity index	Establish baseline by March 31, 2012

Financial Resources ($ millions)		
2009-10	2010-11	2011-12
31.1	31.2	33.0

Human Resources (Full-time Equivalents)		
2009-10	2010-11	2011-12
222	222	222

Planning Highlights – In 2009-10, the Agency will continue to strengthen Public Health capacity. In particular, the Agency will:

- Implement a competency-based Learning Framework for the Agency;
- Conduct a formal review of the Field Epidemiology Program;
- Complete full establishment of the Canadian Public Health Service Program; and
- Continue to support the Public Health Human Resource Task Group and to respond to their priorities.

As the Agency has a number of surveillance systems capturing important information on public health, an overall surveillance strategy will provide the basis for an integrated approach to the associated information, knowledge and action in the Agency, in turn supporting action at the provincial and territorial level. In 2009-10, the Agency will:

- Continue to implement the components of its surveillance strategy;
- Continue to develop privacy impact assessments of its surveillance systems and information holdings;
- Play a leadership role in the federal, provincial and territorial governance and sustainment of Panorama, an electronic health surveillance tool that, once deployed in federal, provincial and territorial jurisdictions will improve the collection and analysis of health information and assist in the coordination of responses to infectious disease outbreaks; and
- Integrate Panorama into the existing surveillance systems within the Agency.

Sharing information during public health emergencies is a critical factor to safeguard the health of Canadians. In 2009-10, the Agency will work on concluding and implementing bilateral and multilateral information sharing agreements with provinces and territories.

The Agency strives to develop new knowledge to facilitate its public health decision making. In 2009-10, the Agency will:

- Continue to support the National Collaborating Centres in their efforts to identify requirements for, and gaps in, knowledge and research in a variety of public health areas; and
- Enhance its approach to managing research ethics considerations within the Agency.

The Agency's Chief Public Health Officer will present to Parliament his annual report on the state of public health in Canada in the fall 2009.

Other plans that support public health capacity include:

- Continue developing tools for federal, provincial and territorial partners through the Canadian Network for Public Health Intelligence to facilitate the dissemination of strategic intelligence and coordination of public health responses;
- Strengthen management of science within the Agency by developing a science plan for the Agency and identifying a range of models to improve the delivery of science advice and science programming;
- Increase Canada's capacity to control and prevent infectious diseases through the National Microbiology Laboratory's training program for Canadian and international research scientists and public health professionals and by delivering an internship program for post-doctoral fellows and graduate and undergraduate students; and
- Support front-line public health practitioners through Public Health Network Expert Groups that include the Canadian Public Health Laboratory Network. It facilitates the development of standards, protocols, case definitions and policies and the Laboratory Liaison Technical Officer Program. This will create a pan-Canadian network of qualified laboratory personnel in host provincial public health laboratories to enhance pandemic influenza and outbreak preparedness and response.

Benefits for Canadians

The Agency works in partnership with stakeholders and other governments to address gaps in public health capacity, both within the Agency and in other jurisdictions. The Agency is helping to build a public health workforce that has the skills and knowledge necessary to meet Canada's public health needs. This will enhance Canada's ability to detect and take action on major health issues and respond to potential public health emergencies.

Effective and timely surveillance is critical to Canada's ability to accurately track, plan for and respond to diseases. As it comes into being, an integrated national surveillance system will employ cutting-edge technology to provide timely and accurate information to policy-makers, clinicians and laboratories. Due to the Agency's work in this area, public health workers will be able to more effectively undertake public health action because of improved management of information and increased access to key data elements.

2.1.6 Program Activity – Internal Services

Internal Services groups respond to the needs of programs and fulfil other corporate obligations. These groups are: Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; Acquisition Services; and Travel and Other Administrative Services. Internal Services financial and human resources relate to activities provided for the benefit of the entire Agency. When services are provided to only one program the associated costs and FTEs are allocated directly to that program.

[illegible]	[illegible]	[illegible]
74.0	76.5	75.9

[illegible]	[illegible]	[illegible]
376.4	376.4	376.4

Planning Highlights

- The Agency launched its first Strategic Plan 2007-2012 in September 2007. The Agency monitors and assesses its progress on the Strategic Plan priorities, and will report results to its Executive Committee twice a year;
- In 2009-10, the Agency will strengthen corporate risk management. This work will inform senior officials on the prevailing departmental perspective on risks inherent to the Agency's mandate and risk emerging from the changing operating environment, and how these risks are to be mitigated, managed and communicated;
- The Agency developed a Strategic Risk Communications Framework and Handbook that provides a process and guiding principles on how to understand the perceptions and responses associated with decisions that involve risk. The Agency will promote the use of the Framework and Handbook to enable program managers, communicators, and all decision-makers to better understand how to manage and communicate risk with stakeholders;
- The Agency has developed a Public Involvement Framework that outlines the concepts and theory of public involvement, and its role in the work of the Agency. This will guide the Agency as it develops capacity, expertise, and leadership in this area. In 2009-10, the Agency will finalize the Framework and focus on its dissemination and adoption, through training, awareness building and development a toolkit;
- The Agency's Business Continuity Plan allows critical services or products to be delivered to clients regardless of any major disruption in normal activities (e.g., due to a disaster). The Agency will review over 300 processes to identify those that are mission critical, and will develop a comprehensive set of recovery plans to address those. The Agency is committed to having a solid BCP program that responds to all hazards;
- The Agency will continue to improve and streamline Human Resource Strategies, policies and practices. To support Public Service Renewal, the Agency will develop a learning strategy and continue to provide support for the Agency's workplace well-being initiative; and
- The Agency will continue establishing all the components of its Management, Resources and Results Structure.

Section III – Supplementary Information

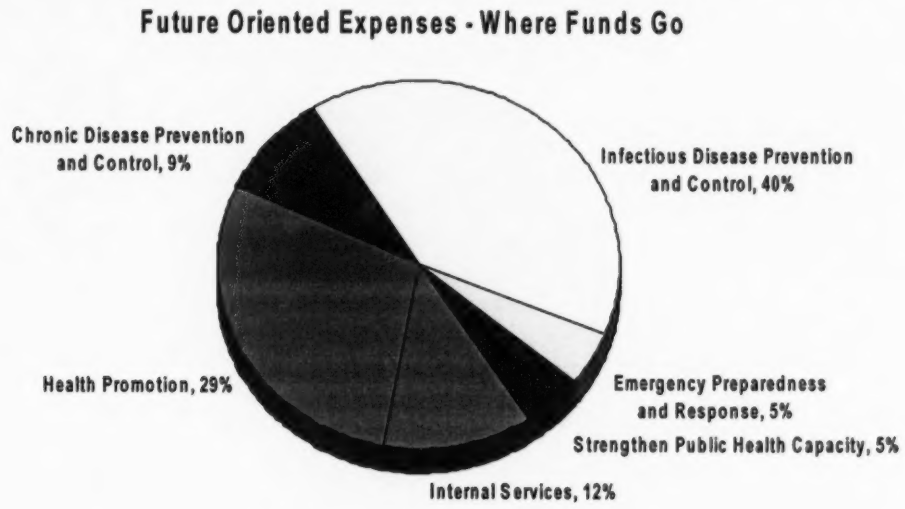
3.1 Financial Highlights

The future-oriented financial highlights presented within this RPP provide a general overview of the Agency's financial position and operations. Future-oriented Financial Statements are prepared on an accrual basis to strengthen accountability and improve transparency and financial management.

Condensed Statement of Operations
For the Year (Ended March 31)

($ millions)	Future-oriented 2010
Expenses	
Total Expenses	690.5
Revenues	
Total Revenues	0.5
Net Cost of Operations	690.0

The chart below outlines the Agency's future-oriented total expenses for 2009-10.


Future Oriented Expenses - Where Funds Go
Chronic Disease Prevention and Control, 9%
Infectious Disease Prevention and Control, 40%
Health Promotion, 29%
Emergency Preparedness and Response, 5%
Strengthen Public Health Capacity, 5%
Internal Services, 12%

The difference of $36.4 million between the Agency's future-oriented net cost of operations and planned spending is due to two main adjustments. The first adjustments are for items affecting the net cost of operations but not appropriations such as: services provided without charge by other government departments (-$22.7M), amortization of tangible assets (-$8.1M), decreases in

severance benefits (-$3.6M), and revenues not available for spending ($0.5M). The second adjustments are for those items affecting appropriations but not the net cost of operations such as: transfers from Treasury Board Votes (-$9.3M), supplementary estimates items (-$2.8M) and acquisitions of tangible capital assets ($9.6M).

3.2 List of Tables

The following tables are located on the Treasury Board Secretariat website:

- Details on Transfer Payment Programs (TPPs)
- Up-Front Multi-Year Funding
- Green Procurement
- Sustainable Development Strategy
- Horizontal Initiatives
- Internal Audits
- Evaluations
- Sources of Respendable and Non-Respendable Revenue
- Summary of Capital Spending by Program Activity